2 copies
AC 4446

NORFOLK COUNTY COUNCIL.

ANNUAL REPORT

OF THE

County Medical Officer of Health

AND

School Medical Officer

FOR

1924.

18TH ANNUAL REPORT

OF THE

School Medical Officer

BY

J. T. C. NASH, M.D., C.M. (Edin.), D.P.H. (Camb.), C.M.O., etc.

Digitized by the Internet Archive
in 2017 with funding from
Wellcome Library

https://archive.org/details/b2991114x

NORFOLK COUNTY COUNCIL.

ANNUAL REPORT

OF THE

County Medical Officer of Health

AND

School Medical Officer

FOR

1924.

18TH ANNUAL REPORT

OF THE

School Medical Officer

BY

J. T. C. NASH, M.D., C.M. (Edin.), D.P.H. (Camb.), C.M.O., etc.

MEDICAL INSPECTION AND ATTENDANCE COMMITTEE.

Chairman : Mr. D. DAVISON, O.B.E., J.P.

Members :

ARNETT, J. A., J.P.
BIRKBECK, Mrs.
BRETT, Geo., J.P.
COLMAN, Mrs. O.B.E., J.P.
COPEMAN, A. G., J.P.
COZENS-HARDY, A.
COZENS-HARDY, Miss
DAY, H. A.
GROOM, S. T.
JEARY, H. W.
OLDMAN, Stephen, J.P.
PEEL, S., J.P.
REDFORD, T., J.P.
SUFFIELD, The Dowager Lady
TAYLOR, W. B.
TOWLER, W., J.P.
WRIGHT, H.

MEDICAL INSPECTION STAFF during 1924.

School Medical Officer :

J. T. C. NASH, M.D., M.B., C.M., D.P.H., C.M.O.

Senior Assistant School Medical Officer :

Kenway T. Williams, M.R.C.S., M.D. (Appointed 1/12/19).

Assistant School Medical Officers :

N. CAMPBELL, M.B., C.M., D.P.H. (Appointed December, 1908).
H. W. SEXTON, M.R.C.S. (Appointed 1/12/21).
H. S. BRYAN, M.R.C.S. (Appointed 18/9/22).
M. C. FERGUSON, M.B., B.CH. (Appointed 8/9/24, resigned 30/6/24)
H. M. DAVIDSON, M.B., B.CH., D.P.H. (Appointed 8/9/24).

School Dental Officers :

A. A. SUMPTER, L.D.S. (Appointed 1/3/14).
P. MILLICAN, L.D.S. (Appointed 17/3/20).
A. J. CAIRNS, L.D.S. (Appointed 1/7/21).
J. NIXON, L.D.S. (Appointed 5/9/21).

School Nurses :

D. E. DAVIES (Appointed 15/9/19).
M. GOODING (Appointed 1/5/21).
E. B. BYGRAVE (Transferred from Attendance Staff, 6/6/21).
A. HOLDEN (Transferred from Attendance Staff, 6/6/21).
A. COSTAIN (Appointed 21/11/21).
A. WELLSTED (Appointed 1/5/22).
E. T. FARLEY (Appointed 17/11/22).
L. WALKER (Appointed 13/12/22).
A. M. WILLIAMSON (Appointed 22/10/23, resigned 25/9/24).
G. EASTER (Appointed 29/9/24, resigned 31/12/24)
H. GRIFFIN (Appointed 6/10/24).

Clerical Staff :

C. J. HUBBARD (Senior Clerk)
S. H. BISHOP
Miss M. GAY
Miss I. BANHAM
Miss B. SMITH

STATISTICAL SUMMARY.

Local Education Authority: Norfolk County Council.

Area of Administrative County		1,303,570 acres
Assessable Value of County for Special Purposes		£1,517,306
Population of County, Census 1921 (apart from Norwich, Yarmouth and King's Lynn, which have separate Education Authorities		322,914
Education Rate, 1924-25—		
Elementary 1/10	1d. Rate producing for Elementary Education	£6,332
Higher 3d.	for Higher Education	£6,687
Average Number of Children on the Registers of the Public Elementary Schools in the Administrative County of Norfolk during the year 1924		44,787
Number of Elementary Schools under the Education Authority		489

The Shirehouse,
Norwich,
March, 1925.

Before preparing my Report as S.M.O. for the year 1924, I have been looking through my Report for 1923. I am astonished at my own moderation in not having drawn more particular attention to the amount and general excellence of the work carried out by your Medical, Dental, Nursing and Clerical Staffs, in connection with the Norfolk School Medical Service, as evidenced in my Report. Beyond the mere existence of statistical tables dealing with analyses and computations of figures of considerable total magnitude, there is nothing in the Report to indicate the amount of work falling on the Clerical Staff, under Mr. C. Hubbard, my chief clerk, to whose energy, perspicacity and general efficiency, Dr. Williams and I are much indebted. With Dr. Williams' own work as Senior Assistant S.M.O., the Committee are, of course, more closely acquainted.

These remarks apply equally to 1924, which is the year now under review by your S.M.O. I and my staff greatly appreciate the increasing interest taken in their work, especially by the Members of the Medical Inspection Committee. I have also to cordially acknowledge the co-operation of my colleague, Mr. J. S. Davis, as Secretary to the Committee.

1. **Staff for Medical Inspection.** In addition to the whole-time Staff, a number of Medical Practitioners in the County experienced in Refraction work or Operative work for enlarged Tonsils and Adenoids, continue to undertake such work on vouchers, supplied by the Education Committee. Included among the part time Medical workers are four Ophthalmic Specialists, to whom are referred the more difficult Refraction cases. I regret to have to record the death of Dr. S. Johnson Taylor, who for many years was one of these.

2. **School Clinics.** The Dental Vans form locomotive Dental Clinics. Six small Clinic erections, fitted for treatment, serve for the treatment of minor ailments, and are situated respectively at East Dereham, North Walsham, Wymondham, Wells, Walsoken and Fakenham. Other Clinic Huts, at Downham, Martham, Redenhall, Watton, Sheringham, Diss, Melton Constable, Hunstanton and Reedham, though not completely equipped, are occasionally used by the School Nurse, when visiting the Schools where they are situated, as they form a convenient retiring place for the treatment of such minor complaints as the Nurse can deal with at the time of her visit. The A.S.M.O.'s are responsible for the treatment at the Clinics in their respective areas, the treatment being applied by the Nurse, under the supervision of the A.S.M.O.

MINOR AILMENTS. Clinics were held weekly at the six equipped Clinics, which indicates that about 250 such clinics were held in the year.

REFRACTION CLINICS are held at many more Centres. In 1924, at 78 Centres, 148 Refraction Clinics were held.

Occasionally the Clinic buildings are utilised for Dental purposes, as when extractions are done under a general anaesthetic administered by one of the A.S.M.O.'s.

3. **Local Care Committees.** Arrangements continue as outlined in previous Reports.

4. **Supervision of the School Medical Service.** Arrangements continue as outlined in previous Reports. The S.M.O., or S.A.S.M.O., from time to time pay visits of supervision to Schools and Clinics, when School Doctors, Dentists or Nurses are at work.

5. **Arrangements with Hospitals.** Arrangements now include the Jenny Lind Hospital, Norwich; the Lynn and West Norfolk Hospital, King's Lynn; the North Walsham and District Cottage Hospital, North Walsham.

6. **Co-ordination.** Arrangements continue for co-ordinating the School Medical Service with other branches of Public Health work; also with School Attendance.

Conferences of the Medical, Dental and Nursing Staffs are held, and co-ordination has been effected with the Organizer of Physical Training.

7. **School Hygiene.** Any Special Report made by the Assistant S.M.O.'s regarding any School in their respective areas is transmitted to the Secretary for consideration by the Committee. It is the duty of District Sanitary Authorities also to ensure due hygienic conditions in Schools in their area of authority. Any report made by a District M.O.H. would also be referred to the Secretary.

I am indebted to Mr. Bullen, Building Inspector of the Education Committee, for the following list of Alterations, Improvements, etc., to Schools carried out from 1st April, 1924, to 31st March, 1925.

NEW SCHOOLS.—Diss Secondary (in progress), Watton P. (in progress.)

STRUCTURAL ALTERATIONS.—Fakenham Secondary (New Science Room), Antingham (erection of Handicraft Hut), Buxton Mixed (New Offices, etc.).

DRAINAGE AND LAVATORIES.—Boughton, Edingthorpe, Garveston, Snettisham, Wickmere.

PARTITIONS.—Downham Market, Corpusty, Gresham, Whitwell.

NEW FLOORS.—Kelling, Rockland St. Mary.

PLAYGROUNDS.—Bressingham, Dereham Toftwood, Filby, Garveston, *Gaywood, Loddon, Marsham, Mattishall, *East Runton, Southery, *Terrington St. John, Trowse, *Upwell St. Peter, *Walpole Highway, *Wells, Wroxham. (*Tarmac.)

RENOVATIONS.—2 Secondary Schools, 102 Provided Schools, 14 Non-Provided Schools, 78 Teachers' Houses.

DENTAL VAN OVERHAULED.—No. 4.

8. **Medical Inspection.** Dr. N. Campbell was off duty from 1/7/24 to 31/12/24, following an awkward accident received whilst proceeding on a motor cycle to carry out medical inspection at one of the Schools in his district. The Committee are glad to know he has recovered and resumed duty this year. Dr. Dorothy C. Day was appointed as a locum tenens from November 17th to December 20th, and the remainder of the work of this district was divided between the other members of the Medical Staff.

However, notwithstanding this interruption, and the additional interval between the date on which Dr. Ferguson left and that on which Dr. Davidson took up the appointment, every School in the County received a routine visit.

The two factors named above have, naturally, somewhat adversely affected the statistical records for 1924.

The Chief Medical Officer of the Board of Education, in his Annual Report for 1923, refers to the number of children who escape medical inspection in their proper age groups. This has long been realised by me, and has been a subject discussed at more than one Staff Conference. Some two years ago, the instructions to Head Teachers were revised, and the following is a copy of the form now in use. If these instructions are carefully followed by the teachers, there should be little leakage.

> "DEAR SIR, OR MADAM,
>
> Please complete the form below, detach and return it to me as soon as possible.
>
> All children at your School should have three Routine medical inspections during their school life. For the first inspection (Entrant) the children should be presented as soon as possible after admission to School. For the Intermediate inspection, children should be presented as early as possible after reaching the age of 8 years. Children should be presented for the Final inspection as soon as possible after reaching the age of 12.
>
> Any child who misses a routine inspection should be specially presented at the next Medical Inspection.
>
> It has been found that there has not always been a medical card at the School for every child on the Registers. Will you please see that you have a Card in your Medical Cabinet for each child and also check them carefully to see that all children who are due for inspection are included in the return below.
>
> Your attention is also specially directed to the Committee's Regulations, Section XVI., Medical Inspection and Treatment.
>
> Yours faithfully,
>
> J. T. C. NASH, M.D.,
>
> *School Medical Officer.*

(*a*) Number of Children admitted to an Elementary School for the first time who have not had a Routine Medical Inspection ... ... ______

(*b*) Number of Children over 8 and under 9 years old who have not been medically inspected since reaching the age of 8 ... ... ______

(*c*) Number of Children between 12 and 13; together with Children over 13 who have not been medically inspected since reaching the age of 12 ... ______

(*d*) Number of Children who were not medically inspected on admission and who are under 8 years of age ... ... ______

(*e*) Number of Children who were not medically inspected between 8 and 9 years of age and who are under 12 years ... ... ______

(*f*) Number of Specials ... ... ______

(*g*) Number of Defectives for Re-examination, viz.: the Children whose names are in the Medical Log Book and have not been crossed out ... ... ________

(*h*) Number of Children whose cards have been marked 'See again' ... ... ________

N.B.—No child should be counted more than once in the above numbers."

The routine Medical Inspection figures are given in Table I. Entrants again numbered a few more than in the previous year, but there were fewer intermediates and leavers.

It will be seen from Table (I.) that a total of 14,205 underwent routine medical inspection; an additional 2,052 were seen as "Special" cases, while a further 7,640 found defective at previous medical inspections were re-examined, making a grand total of 23,897 children individually medically inspected, whether as "routine" or "special."

The Board's Schedule was fully followed.

Early Ascertainment of Crippling Defects.—In former Annual Reports I have recorded how these cases are noted in a Special Register. Every available means of ascertainment which occurs to me is being utilised.

9. **Findings of Medical Inspection.** (Table II.)

(*a*) MALNUTRITION. As I anticipated in my last Report, the tendency since the fall in Agricultural wages is towards an increase, 241 children being recorded as needing treatment, as against 151 in 1923.

In dealing with this subject, prevention should take first place. Our records show that children of poor families are often well nourished where the mother understands food values and knows how to cook. The Committee's Cookery Classes, I believe, more or less concentrate on teaching the older girls, who will soon be the mothers of the next generation, food values, and how to make the best of the normal agricultural wage. In Scotland, where oatmeal porridge is the principal food, we see many fine men and women raised (as the American would say). Though this valuable food is becoming better known in England, it is chiefly in the form of more expensive proprietary articles, such as "Quaker Oats." Our population needs to know the value of coarse oatmeal, which is considerably cheaper. Porridge should always be taken with milk. I have commented in former Reports on the infrequency of milk as an article of diet for Norfolk children. Surely our dairy farmers and our agricultural labourers should by now know the value of milk as a dietary for children, and the farmer should see that enough milk is retained in the area of production to meet the needs of that area, instead of sending the whole amount away to the big towns. Porridge, with milk, forms a cheap and nutritious diet for growing children.

Dr. Bryan says:—

> "From talking to the mothers, and from information I have been able to gather, I am strongly of opinion that the chief factor in the well-being of a child is not the amount of the wage earned by the father but the common sense and industry of the mother. There is far too little cooking done in the majority of our cottages, and far too great a preponderance of bread and jam in the dietary of our children."

Dr. Bryan says "most children will tell you they don't like porridge—they have experienced it as lumpy, gelatinous, uncooked or burned—but if well prepared and given with sugar" (I think preferably with salt) "and milk, you will rarely find a child who doesn't take to it."

(*b*) UNCLEANLINESS A further reduction in the number of lousy children is noted. Out of 14,205 routine children inspected, only 74 were referred for treatment. In my last Report I indicated what a satisfactory reduction is in evidence since School Medical Inspection began.

(*c*) SKIN DISEASES. The continued diminution in the number of cases of *Ringworm* found among "routines," again favours the scheme which permits attendance of such cases at School, under our Ringworm regulations. *Scabies* cases numbered only 8.

(*d*) EYE AFFECTIONS. 120 children were referred for treatment for Blepharitis, as compared with 173 in 1923.

(*e*) DEFECTIVE VISION. 650 children under routine inspection were referred for treatment, another 608 to be kept under observation.

(*f*) EAR AFFECTIONS. Seven children were referred for treatment on account of *Defective Hearing*; two others for observation. For *Otitis Media* only two children for treatment, and 70 for other Ear Diseases.

(*g*) AFFECTIONS OF NOSE AND THROAT. 338 "routines" were referred for treatment for Enlarged Tonsils, 84 for Adenoids and 39 for Tonsils and Adenoids.

(*h*) HEART AND LUNG AFFECTIONS (not including Tuberculosis). The numbers recorded as requiring treatment are not very large.

(*i*) TUBERCULOSIS. Only one case of definite Pulmonary Tuberculosis was found among the "routines," but 47 "suspects" were referred to the Tuberculosis Officer. As regards non-Pulmonary Tuberculosis, 20 cases were referred for treatment (glands 11, osseous 2, other forms 7).

(*j*) AFFECTIONS OF THE NERVOUS SYSTEM were small in numbers.

(*k*) DEFORMITIES. Seven cases of Rickets, 9 of Spinal Curvature, and 40 other forms were noted during routine inspection for treatment.

10. **Dental Defects.** The total number of children inspected in 1924 was 18,402, the results being duly noted on special dental cards. Of these, 12,631 required treatment. Parents consent having been obtained, 6,653 received treatment under the Local Education Authority's Scheme; 4,549 being re-treated as the result of periodical examination. 9,313 attendances were made by children for treatment. In addition to a very large number of necessary extractions when teeth were past saving, 4,631 fillings were effected. Scaling is an important measure, which often prevents further trouble. Many of these cases take as long as "fillings."

From the reports of the School Dentists to me on the work in their respective areas for the year 1924, it is satisfactory to note that parents are yearly becoming more aware of the advantages afforded them by the Committee's School Dental Service, and are more anxious that the permanent teeth of their children should be adequately attended to. There is abundant evidence that the dental condition of the children, especially in the older children, is steadily improving. Mr. Millican notes that carious teeth are now found more frequently among the younger children. The amount of dental work accomplished depends in high degree on the keenness and influence of the Head Teacher. Both Mr. Millican and Mr. Sumpter suggest that Head Teachers should occasionally give the children simple lectures on dental hygiene. Mr. Millican states:—

> "It would be a good plan for the teacher to arrange to give a short and simple lecture on dental hygiene at least once a month to the children.
>
> More refusals of treatment are met with in the Schools within a three mile radius of Norwich than in those more distant. The reason for this is that they "go to their own Dentist," who, more often than not, does not exist. But each year shows improvement, and there is every reason to believe that in two or three years time, this statement will not hold good."

I will ask the School Dentists to outline a rough skeleton of such lectures.

Hypoplastic teeth formed a subject of special investigation during the year.

Mr. Cairns states that 60 per cent. of his cases had had no illness whatever, while 40 per cent. had suffered from Measles, Whooping Cough and Bronchitis. He is inclined to think that improper feeding is the chief cause.

Mr. Millican writes an interesting essay on the subject. His Table A. indicates that it is important to establish the fact that the illness to which hypoplastic teeth are attributed occurred before the age of 3½ years. No doubt, in a future report, he will note that a close cross-examination of the parent has established this in all the cases recorded. It is interesting to note that the only infectious diseases mentioned are Measles and Whooping Cough. In both maladies, pulmonary complications are frequent in the form of bronchitis and broncho-pneumonia, and it is possibly these respiratory complications which may be chiefly responsible for the hypoplasia. This inference is supported by Mr. Millican's statement that in 30 per cent. of his cases there was a history of bronchitis in infancy. As interesting is the evidence in Mr. Millican's report supporting Mr. Cairn's opinion that gastric troubles due to defective feeding in infancy would appear to be the principal cause of hypoplastic teeth. Some of these cases of indigestion, it would appear, might be brought about by nasal obstruction indirectly interfering with natural peaceful feeding. A further point of interest which, if supported by other observers, will attract attention is the difference in the form of hypoplasia to be recognised on inspection, between that due to Measles and that due to Whooping Cough.

In connection with the County Council's Maternity and Child Welfare Campaign, an additional forceful argument in advocating breast feeding until the baby cuts its teeth is the fact that of the 267 cases of hypoplasia observed by Mr. Millican, not one had been wholly breast fed. While drawing special attention to the above points, and also not overlooking the openness of some statements to criticism, Mr. Millican's report justifies publication at length, and I therefore append it.

11. **Infectious Diseases.** The methods adopted for many years past, given in former Reports, have again proved useful in dealing with these.

The M.O.H. of the district in which a school lies is responsible for issuing the certificates of exclusion of children and contacts in respect of cases notified to him under the Notification of Infectious Diseases Acts; and, in due time, issuing the certificates which permit of the return to school of such excluded children. These exclusions are, of course, reported to me, accompanied by the certificates, and I communicate with the M.O.H. *re* these cases.

CLOSURES UNDER ARTICLE 45 (B).

Closed on advice of S.M.O.	137
,, ,, of District M.O.H. with subsequent approval of S.M.O.	1
Total	138

(This total includes 24 closures of Departments only.)

No Schools were closed under Article 57.

Diseases responsible for School closure were:—Measles 21, Influenza 65, Scarlet Fever 4, Whooping Cough 16, Mumps 5, Colds, etc., 16, Chicken Pox 1, Mixed Infections 6, Muco Purulent Conjunctivitis 1, Diphtheria 2, Sore Throats 1.

8497 children were temporarily excluded or re-excluded under Art. 53 (B) on account of infectious complaints. Many closures were thus prevented. 12 complete classes were also excluded with this result.

The various Authorities concerned, I believe, are willing that the Schick test should be utilised at the East Anglian Institution for Blind and Deaf Children, at Gorleston.

12. **Co-operation of Parents.** The following percentages of parents availed themselves of the opportunity of being present at the Medical Inspection of their children during 1924.

Entrants, 71.88 per cent. Leavers, 35.96 per cent. 8-9, 51.71 per cent. Other age groups, 38.25 per cent. These figures show an increased appreciation of medical inspection.

13. **Co-operation of Teachers, School Attendance Officers and Voluntary Bodies.** Teachers continue to take great and appreciative interest in Medical Inspection, and their co-operation is very valuable in securing treatment of defects. The School Attendance Officers being also School Nurses enhances the value of their co-operation.

REPORT UPON THE CASES REFERRED TO THE N.S.P.C.C. FOR FOLLOWING UP.

Cases referred :—

For General Neglect (including verminous conditions)	20 families
Failure to obtain treatment	7 cases
Needing assistance to obtain treatment	6 cases
Total	33

20 of the above cases which were referred to the Norwich and Mid-Norfolk Branch of the Society, secured the following results:—

Cripple Children.—Operative treatment was obtained for five children, and will be followed by the provision of surgical boots in three cases; surgical boots have been provided for one child without previous operation; one child operated upon for Torticollis; three for Tonsils and Adenoids; and one Circumcised. The remaining nine cases were of general neglect, and were successfully dealt with by warning and supervision, 49 visits being paid by the Inspector.

The remaining 13 cases, in other parts of the County, were also adequately dealt with.

I beg to express the appreciation of the Committee, and of myself, for the assistance afforded by the Society.

14. **Blind, Deaf, Defective, and Epileptic Children.** Ascertainment of defects continues. Children ascertained to be incapable by reason of mental defect of profiting by instruction in special schools are certified to the Local Control Authority for custodial care. Fifty places are reserved for Norfolk children at the East Anglian School, at Gorleston, for the Blind and Deaf.

15. **Medical Treatment.** *Review of the Medical Services used or available for treatment of Defects in School Children, apart from treatment directly provided by parents.*

The arrangements remain as outlined in my Report for 1922.

Work done under these arrangements in 1924.

	Refraction Work.	Operation T's & A's.	Minor Ailments.
(*a*) Vouchers issued :—			
General Practitioners ...	118	114	—
Specialists (Ophthalmic) ...	87	—	—
Hospitals	—	43	—
(*b*) By Whole-time Medical Officers	590	—	2340
Totals	795†	157‡	2340*

†8 Vouchers still outstanding.
‡39 Vouchers still outstanding.

*In addition to cases treated at the Clinics, 1111 children were treated by the School Nurses in the Schools or at the homes of the children.

EYE CLINICS FOR DEFECTIVE VISION. (1). During 1924, 148 Refraction Clinics were held by the School Medical Staff, at 78 centres.

At these there were examined by retinoscopy 690 children, and the prescriptions for glasses issued numbered ...	590
Number of spectacles provided	565

At the time of writing this report, in only 25 cases had glasses not been obtained, *i.e.*, 96 per cent. of the children requiring glasses were actually provided for. It will be seen that the majority of examinations are done by the whole-time Medical Staff. Administratively, and in the long run in the best interests of the children, I hope more and more parents will take advantage of the School Eye Clinics. By reason of constant practice, the Assistant School Medical Officers become more and more expert in estimating refraction errors.

(2). Vouchers for prescriptions of glasses by specialists and approved private practitioners, as per scheme—

Number of Vouchers issued (January—December) ...	205
,, Glasses provided	159
,, Not recommended for glasses	38
,, Glasses provided upon prescription by a private doctor	7

OPERATIONS FOR TONSILS AND ADENOIDS. 267 children are known to have received operative treatment during the year 1924; 113 of these operations were performed through the Authority's Treatment Scheme.

114 vouchers were issued for operations by approved practitioners in accordance with the Authority's Scheme. A number of operations are performed in Cottage Hospitals, but I think it would be better if all the Cottage Hospitals had direct arrangements with the Committee, as at North Walsham, and that one particular surgeon dealt with all these cases.

At the West Norfolk and Lynn Hospital, 24 other children attending Elementary Schools in the County were operated upon, though these were not referred for treatment as a result of School Medical Inspection..

TUBERCULOSIS. Children with definite or suspected Tuberculosis were referred to the Tuberculosis Officer for special examination, and where necessary for treatment under the County Council's Tuberculosis Scheme.

THYROID TREATMENT. 19 cases of Parenchymatous Goitre, and three cases of Mental Deficiency have been under Thyroid treatment during the year 1924.

For the Goitre cases, 28 bottles of ½-gr. Tabloids and seven of 1-gr. have been issued, at an approximate cost of £1 9s. 7d.

For the Mental Deficiency cases, three bottles of ½-gr. and two of 1-gr., estimated cost, 4s. 4d.

The administration of the Thyroid treatment in three cases was under the supervision of the School Medical Service, whilst in the other cases the administration was under the supervision of local practitioners, who kindly consented to undertake supervision. All cases are seen again by the A.S.M.O. in re-examination.

PARTICULARS OF CASES.

CASE 1. Rachitic Retardation and Mental Deficiency—under treatment since 4-6-21—latest report 9-10-24. "Distinctly improved; shewing more intelligence; worth while to continue treatment."

CASE 2. Cretin—treatment commenced 2-2-24. Awaiting report.

CASE 3. Goitre—treatment commenced 9-2-24—report dated 24-9-24. "Now seems in perfect health and has much grown; Goitre quite disappeared."

CASE 4. Goitre—treatment commenced 18-2-24—report dated 3-11-24. "Child improved."

CASE 5. Goitre—treatment commenced 22-2-24—report 8-9-24. "Very little improvement." Increased dose has been suggested.

CASE 6. Goitre—treatment commenced 4-3-24. 8-4-24, A.S.M.O. reported, "Neck very much improved; Goitre diminished ½in. in circumference and seems to be yielding to treatment." 5-9-24, local Doctor reported, "Condition stationary." (Treatment has been stopped.)

CASE 7. Goitre—treatment commenced 14-3-24—report 15-9-24. "Goitre has diminished, and local Doctor advised treatment to be discontinued."

CASE 8. Goitre—treatment commenced 15-9-24. No report has yet been received.

CASE 9. Goitre—treatment commenced 29-7-24. No report has yet been received.

CASE 10. Goitre—treatment commenced 5-8-24. No report has yet been received.

CASE 11. Goitre—treatment commenced 5-8-24. No report has yet been received.

CASE 12. Goitre—treatment commenced 3-9-24—report 23-10-24. "Certainly improved."

CASE 13. Goitre—treatment commenced 22-8-24—report 22-1-25. "Improving."

CASE 14. Goitre—treatment commenced 5-9-24—report 29-11-24. "No goitre now noticeable."

CASE 15. Goitre—treatment commenced 27-10-24—report 4-12-24. "Goitres are smaller.'

CASE 16. Goitre—treatment commenced 27-10-24—report 4-12-24. "Goitre is smaller."

CASE 17. Goitre—treatment commenced 20-10-24—report 17-12-24. "Goitre ½in. less."

CASE 18. Goitre—treatment commenced 22-11-24. No report received.

CASE 19. Goitre—treatment commenced 22-11-24. No report received.

CASE 20. Goitre—treatment commenced 10-12-24. No report received.

CASE 21. Goitre—treatment commenced 20-12-24. No report received.

CASE 22. Mental Deficiency, resumed case, previously had Thyroid in 1921—report 22-2-25. "Not a great deal of improvement in his condition."

In eight of the 19 cases, reports have not yet come to hand.

In two the Goitre has quite disappeared. Of the remaining cases, eight out of nine are reported as improving and Goitres smaller, in one case "very little improvement."

I explained in my last Report that only a very limited improvement can be expected in cases of Mental Deficiency, so it is gratifying to note in one case associated with Rachitic Retardation, "distinctly improved; more intelligent; worth while to continue treatment."

CHRONIC APPENDICITIS. Dr. Bryan has been making a particular study of this matter, and thinks that in School children it occurs most commonly in boys round about eleven years of age—the male incidence being about six to one, as compared with females of the same age.

The suggestive symptoms complained of are:—Attacks of abdominal pain every few months, or weeks, of variable intensity and duration, usually in the umbilical region, but occasionally in the right iliac fossa, accompanied usually by constipation and slight fever, and invariably accentuated by physical exertion. The child is usually poorly developed. Abdominal palpation reveals tenderness on palpation of the right iliac fossa. When sub-acute, there is frequently hyperæsthesia over Pouparts Ligament (R). Examination per rectum also reveals tenderness in the right iliac fossa, and sometimes a small soft lump. Dr. Bryan arranges to see these cases as often as possible (utilising clinics, eye clinics, etc.), and only advises operation when the condition is definitely established, corresponding with the family doctor when there is one. Eight cases have been operated on with complete relief, and often with rapid improvement in physique after operation.

TREATMENT OF DEFECTS WHICH DO NOT FALL UNDER THE LOCAL AUTHORITY'S TREATMENT SCHEME.

(Compiled from Reports received from Local Care Committees.)

Defect.	Number of Children Treated. Referred in 1923.	Referred in 1924.	Total.
Malnutrition	11	48	59
Corneal Ulcer	—	2	2
Other Eye Disease	—	5	5
Enlarged Glands (Non.Tb.)	5	17	22
Anæmia	11	44	55
Bronchitis	3	9	12
Lungs, other (Non.Tb.)	1	2	3
Epilepsy	—	3	3
Chorea	1	—	1
Nervous System, other	—	1	1
Spinal Curvature	2	4	6
Deformities, other	7	17	24
Other Defects and Diseases	4	31	35

16. **Work of School Nurses.** Ten School Nurses are employed directly by the Education Committee. Approximately 9/10ths of their time is devoted to medical work, the remaining 1/10th being occupied with attendance duties.

(*a*) SURVEYS OF CHILDREN FOR UNCLEANLINESS.

Number of visits to Schools	4067*
Average number of visits made to each School visited	7.6
Total number of Children examined	159,212
Number of individual Children found unclean (*i.e.*, vermin or nits)	5961
Number of Children excluded at the Nurse's visits	335
Number of Special Warning Letters *re* Nits sent to Parents	325
Number of Letters sent on First exclusion	170
Number of "Final Warning" letters sent to parents	99
Number of homes visited	686
Result of "following up"—	
Clean	1740
Improved	3449
Unsatisfactory	433

*Includes 1601 complete surveys of all children in School.

In 56 Schools, on 85 occasions, all the children were found quite clean, *i.e.*, free from nits as well as from live vermin.

VERMINOUS PROSECUTIONS. Twenty-three prosecutions for absence occasioned by uncleanliness were taken under the Attendance Bye-Laws. Fines amounting to £11 7s. 0d. were inflicted, viz:—

£1	15/-	10/-	6/6	5/-	4/-	2/6	Dismissed with Caution.
5	2	6	1	4	2	8	2

(*b*) MINOR AILMENTS.

(i) TREATED AT SCHOOL CLINICS. Clinics have been held weekly throughout the year at the six centres authorised by the Board of Education. An Assistant School Medical Officer attends once a month and supervises the work of the School Nurse, who attends weekly. the following is a summary of the work performed at the six equipped Clinics :—

		RESULT OF TREATMENT.			
DISEASE.	No. of *Individual* children treated.	No. cured.	No. still to attend.	No. left or refused treatment.	Total attendance at clinic.
Impetigo	300	287	12	1	892
Scabies	2	2	—	—	6
Ringworm—Scalp ...	21	12	8	1	272
,, Body ...	15	15	—	—	47
Other Skin Diseases	169	161	4	4	347
Minor Injuries ...	1382	1369	13	—	1976
Discharging Ears ...	49	23	17	9	352
Other Ear Diseases...	30	25	4	1	106
Blepharitis	62	35	24	3	433
Conjunctivitis ...	15	12	2	1	131
Other Eye Diseases	26	23	3	—	54
Enlarged Glands ...	44	27	14	3	471
Rhinitis	1	—	1	3	21
Verminous Heads ...	25	18	4	1	325
Miscellaneous ...	199	182	16	1	997
Total ...	2340	2191	122	27	6430

(ii.)- TREATED IN SCHOOLS OR AT HOME. The equipped School Clinic hutments continue to serve only the Schools in the small towns in which they have been erected. Children in other Schools are followed up by the School Nurses (and where necessary treated), at their own Schools or in their homes. During the year the following cases have been dealt with :—

DISEASE.	No. of children followed up.	DISEASE.	No. of children followed up.
Impetigo	261	Minor Injuries	211
Scabies	16	Ear Disease	79
Ringworm—Scalp ...	287	Eye Disease	154
,, Body ...	34	Miscellaneous	64
Other Skin Diseases ...	5		

17. **Physical Training.** I need not repeat the remarks made in my Report for 1923, pp. 13 and 14.

PRECIS OF REPORT OF ORGANISER OF PHYSICAL TRAINING, for the year ended, December 31st, 1924 :—

	Schools.		Demonstrations.
Visited for the 1st time	294	...	799
Visited for the 2nd time	32	...	92

TEACHERS' CLASSES were held at Swaffham, Thetford and Fakenham.

Course.	No. in Class.	No. of Lessons.
Swaffham	30 ...	10 (2 hrs.)
Thetford	22 ...	10 (2 hrs.)
Fakenham ...	32 ...	10 (2 hrs.)

PUPIL TEACHERS' CLASSES were held at Norwich, Melton Constable, Downham Market, and East Dereham, and averaged eleven lessons at each.

The above classes were attended well, with good results .

Observations are again made as to the unsatisfactory condition of many playgrounds; the lack of floor space in many Schools for indoor work; the unsuitability of many desks for the children who have to use them; the scarcity of playing fields and of games material.

The Education Committee is giving attention to many of these points, and has adopted a policy of improving playgrounds with Tarmac, and has made further provision for replacing obsolete furniture.

In many Schools money has been raised locally to obtain suitable games apparatus.

There is steady progress in methods of teaching. The 1924 Syllabus, issued by the Board of Education for Rural Schools, has been supplied to the Schools, and has been found more adaptable to rural conditions. Where facilities exist, dancing is being taught as an integral part of physical education. Physical exercises should, of course, be taken, whenever possible, in the open air, even in cold weather, and teachers recognise the value of playground work.

The team spirit is being assiduously cultivated, with the result that greater interest is taken and the physical value of the lessons enhanced.

18. **Secondary Schools** (including P.T. Centres).

A Routine Medical Inspection is held at each of the four Provided and five Non-Provided Secondary Schools every term, and once a year at the Pupil Teacher Centres.

Inspections were made of Entrants, Leavers, and Intermediate Groups. 414 Entrants, 22 Leavers, and 651 other scholars received Routine Medical Inspection, while 8 were seen as "Specials," and 692 were re-examined. In all, 1787 scholars were inspected, as compared with 1601 in 1923.

As foreshadowed in my Report for last year, the Scheme of Dental Treatment was extended during the year under review to the Secondary Schools and Pupil Teacher Centres. The Governors of all the Non-Provided Secondary Schools have intimated their desire to have the Scheme extended to their Schools.

Two Schools and two Pupil Teacher Centres were visited during the year. 170 pupils were inspected; 103 required treatment, and 64 were treated.

RETURN OF TREATMENT OBTAINED DURING 1924, as a result of Medical Inspection during that year.

DEFECT.	Referred prior to 1924.	Referred in 1924.	TOTAL.
Malnutrition	2	3	5
Impetigo	—	1	1
Teeth	22	31	53
Anæmia	—	5	5
Non-Pulm. Tb.—			
Other Bones and Joints	—	1	1
Chorea	—	1	1
Spinal Curvature	2	—	2
Deformities, other	1	3	4

19. **Miscellaneous Work.** Twenty-eight swabbings of throats or noses in connection with control of infectious disease were examined. Four hundred and five specimens of hair were examined for ringworm, of which 228 were positive. (These, of course, included re-examinations.)

Seventy-two candidates for the teaching profession were examined and reported upon, as well as 22 Supplementary Teachers and 20 candidates for Nursing Scholarships.

20. Exclusion of Children.

(*a*) **Statement of Number of Children, including Contacts, temporarily excluded and re-excluded from School during 1924.**

Infectious Diseases—

Diphtheria	125
Mumps	779
Chicken Pox	1272
Scarlet Fever	416
Measles	851
Influenza	1144
Coughs and Colds	851
Sore Throats	201
Whooping Cough	656
German Measles	48
Rash	6

Contagious Affections—

Ringworm of Scalp (until rules are complied with)	96
Pediculosis—Head	515
,, Body	43
Scabies	60
Ringworm—Body	10
Impetigo	265

Other Diseases (generally from Certificate issued by Family Doctor)—

Lung Affection (not tubercle)	137
Tuberculosis—Pulmonary*	6
,, Non-Pulmonary	22
Tonsilitis	46
Epilepsy	9
Heart Disease	9
Eye Affections	10
Nervous Debility	14
Rheumatism	1
Chorea	12
Anæmia	32
Debility (General)	99
Otorrhœa	13
Nephritis	2
Other Affections	747

*Includes 5 Suspected Cases.

Certificates to cover irregular attendance were issued for 206 children.

(*b*) Particulars of Permanent Exclusions issued in 1924.

Mental Deficiency ...	5	(?) Brights Disease ...	1
Tuberculosis—		Cancer Sarcoma ...	1
Pulmonary	9	Discharge from Antrum	1
Other	7	Heart Disease	3
Anæmia & Dysmennorhœa	1	Paralysis	1
Poliomyelitis	1	Progressive Spinal Muscular Atrophy	1
Tachycardia	1	Debility	2
Albumenuria	1		

Total Permanent Exclusions during the year—35.

In concluding my Report, may I say that regular School Medical Inspection forms an important item in health propaganda work. Dr. Bryan, in his own words, realises that "here is a great opportunity, not only of helping to health individual children, but of influencing those in whose hands the health of the next generation very largely lies."

I am, Ladies and Gentlemen,

Your obedient servant,

J. T. C. NASH,

School Medical Officer.

ADDENDUM.

The effects of Common Ailments in Infancy upon Teeth: an Investigation by Percy Millican, L.D.S.

During the years 1923-1924, special enquiry was made into cases shewing defective formation of teeth in Norfolk school children between the ages of 5 and 14 years; and although the investigation is, as yet, far from complete, several interesting facts appear.

A. EXPLANATORY TABLE.

CALCIFIED.	MILK TEETH.	PERMANENT TEETH.
At Birth	2/3 crown central incisors 1/2 crown lateral incisors	Cusps of 1st molars
At 4 months ...	Central and lateral incisors 4/5 crown canines and 1st molars 3/4 crown 2nd molars	Cusps of 1st molars
At 6 months ...	Crowns of molars complete	Cap of incisors and canines
At 3½ years ...		Crowns of incisors, canines and 1st molars complete

B. HYPOPLASTIC OR HONEYCOMBED TEETH: THEIR APPEARANCE.

The tooth surfaces affected usually show horizontal bands, the enamel of which is either—

(1) Deeply or lightly pitted with brown pits.

(2) Altogether defective in quality and deficient in quantity.

The width of these bands, the depth of the pits and the deficency and defectiveness of the enamel are influenced by the severity of the general disease causing the deformity, and the length of time occupied by it.

The incisors and the six year old molars are most frequently affected. The canines and premolars, less frequently.

The defect is therefore a serious one because it appears in the front of the mouth, and is conspicuous.

C. HYPOPLASTIC OR HONEYCOMBED TEETH: THEIR OCCURRENCE.

The cause of hypoplasia of enamel in teeth is frequently attributable to some general disease in infancy; and from Table A it will be recognised that any general disease causing this defect must have occurred before the child had attained the age of 3½ years.

Statistical result of the investigation up to February, 1925:—

(*a*) Number of children examined	5757
(*b*) Number of children showing hypoplastic permanent teeth	258
(*c*) Number of children showing hypoplastic temporary teeth	9
(*d*) Total number of cases	267
(*e*) Percentage showing hypoplasia	4.64%

In seven of the cases mentioned in (*c*) hypoplasia was seen in the deciduous canines and second deciduous molars. In the other two cases hypoplasia was observed in the deciduous canines and first and second deciduous molars. These cases had been bottle fed in infancy.

D. HYPOPLASTIC OR HONEYCOMBED TEETH: CAUSES.

(1) **Exanthemata.**

Measles. In the five cases observed, the deformity took the form of a narrow, brown, deeply incised, horizontal band, completely, or almost completely, devoid of enamel and seen in the permanent incisors, and, in two cases, in the six-year-old molars also.

The teeth in these cases were not pitted, the bands were uniform in depth, and their situation on the crowns of the teeth coincided with the period at which the disease occurred.

Their appearance gave the distinct impression of a short, acute, general disease, which temporarily disorganised the process of calcification.

(2) **Whooping Cough.**

A large percentage of cases observed, showing hypoplasia, gave a history of Whooping Cough in infancy. The surfaces of the teeth usually had a pitted appearance—the pits being arranged in horizontal lines—a result quite in accordance with the nature of the causatory disease.

(3) **Respiratory Diseases.**

(*a*) *Bronchitis.* A disease too frequently met with in infants; seemed to be undoubtedly the cause of hypoplasia in 30 per cent. of the cases observed. The incisors and first molars showed defective enamel from the incisive edge to about one-third of the crowns.

These cases showed a marked tendency to early caries. The dentine being soft and usually very sensitive. In the majority of these cases, respiratory trouble remained in some form—thus accounting for the poor calcification of the teeth as a whole.

(*b*) *Pneumonia* (*bronchial*). Several cases were observed giving a definite history of this disease. The hypoplasia was similar to that caused by bronchitis; but the dental area affected was, if anything, more extensive.

(*c*) *Chronic or Sub-Chronic Nasal Obstruction.* This seemed to be an indirect cause of hypoplasia. As an infant cannot feed and breathe by the mouth simultaneously, its food is ingested by means of a series of interrupted gulps, the systems of digestion and nourishment are impaired, and artificial means of feeding are then resorted to.

This would reasonably account for the large number of cases of hypoplasia (over 30 per cent.) observed, *combined with* jaw deformity.

(4) **Malnutrition.**

Unnatural, insufficient, and improper feeding in infancy, causing rickets, accompanied by convulsions, etc., appeared to be the cause of very marked hypoplasia in a large percentage of cases. As some difficulty was experienced in getting precise information regarding some of these cases, exact statistics must be left over till next year. But at least 30 per cent of the cases observed come under this heading. In one case (definitely rachitic) the incisors and first molars were found to be nearly devoid of enamel, the incisive edges being merely a series of sharp spikes of brown, soft dentine.

(5) **The Calcific contents of Drinking Water.**

Piergili pointed out in "La Stomatologie" (March, 1918), that calcification of the teeth depends largely on the presence of soluble salts (especially those of calcium) in the water.

A child born in a locality supplied by water containing a high percentage of mineral salts stands a much better chance of erupting normally calcified teeth than a child born in a locality supplied by water containing a low percentage of these salts in solution.

A well-defined area in the Western United States of America proves this. The water has a minimum content of mineral salts, and *all* the inhabitants show well marked hypoplasia (see Collyer, "Dental Surgery and Pathology.")

As the drinking water of the area under observation comes from the chalk, it contains a high percentage of mineral salts. Therefore, hypoplasia in this county cannot be attributed to this cause.

However, an interesting case was observed in 1922. Two sisters showed well-marked signs of hypoplasia. *Boiled water* had, on principle, always been used in the household! Other influences might have been at work in this case, yet the result was significant.

(6) **The Class of Patient.**

The percentage occurrence of hypoplasia was found to be highest among the poorer labouring classes.

For example:—Two schools were inspected recently; the first in a typical agricultural district, the second very near Norwich. The percentage of cases showing hypoplastic teeth in the first school was over six per cent., and in the second school under three per cent. The parents of the children in the first school were labourers. Those in the second school were mostly employed in a large factory, conducted on most hygienic lines, and earning a good wage. The parents of the children showing hypoplasia in this second school all worked on the land or in stables.

(7) **Specific Diseases.**

(*a*) *Syphilis.* Only two childen (brother and sister) were observed who showed typical Hutchinson's teeth. The elder (girl), in addition, showed signs of interstitial keratitis; the brother showed the same signs, but to a lesser degree.

The central incisors were small, peg-top shaped and notched. The first molars were dome shaped and lacked cusps.

In all the inspections carried out in both the Fakenham and Norwich areas, representing more than 10,000 children, these were the only two cases which showed typical dental signs of congenital syphilis.

(*b*). *Tuberculosis.* The teeth of children born of tuberculous parents seemed to be remarkably free from hypoplasia. This year it is hoped that fuller and sufficient evidence will be collected, so that a definite statement can be given in the next Annual Report.

E. CONCLUSIONS ARRIVED AT FROM OBSERVATIONS MADE.

The chief causes of hypoplasia in teeth were found to be—

(*a*) Diseases of the Respiratory System in infancy.
(*b*) Malnutrition.

Bronchitis and broncho-pneumonia in infancy are very common, and bottle feeding seems to be even more common.

Of all the cases of hypoplasia observed, and of whom definite evidence was obtained, not one had been breast-fed.

There seems to be a growing tendency for mothers to rely on patent foods for the nourishment of their infants, a fact which is to be deplored unless absolutely necessary.

It is therefore essential to impress on parents that, in order to produce healthy and (at least as far as teeth are concerned) good looking children, the infant must be properly and naturally fed, and that, should any respiratory or other disease occur during infancy immediate steps must be taken to deal with it.

These special precautions should be carried out during at least the first five years of the child's life.

Under these conditions, the child stands a most excellent chance of having sound, regular teeth, accompanied by robust health.

The most striking fact realized in these investigations is that the adult's facial appearance and physique is enormously influenced by the bill of health of the first five years of his life.

TABLE I.—NUMBER OF CHILDREN INSPECTED 1st JANUARY, 1924, TO 31st DECEMBER, 1924:

A.—Routine Medical Inspections.

Number of Code Group Inspections—		
Entrants	4499	
Intermediates	4185	
Leavers	4538	
TOTAL	——	13222
Number of other Routine Inspections	983	

B.—Other Inspections.

Number of Special Inspections	2052	
Number of Re-inspections	7640	
	——	10675
TOTAL		23897

TABLE II.

A.—Return of Defects found by Medical Inspection in the Year ended 31st December, 1924.

Defect or Disease.	Routine Inspections. No. of Defects.		Special Inspections. No. of Defects.	
	Requiring Treatment.	Requiring to be kept under observation but not requiring Treatment.	Requiring Treatment.	Requiring to be kept under observation but not requiring Treatment.
(1)	(2)	(3)	(4)	(5)
Malnutrition	241	17	10	...
Uncleanliness	74	31	32	5
(See Table IV., Group V.)				
Skin—				
Ringworm—				
Scalp	7	7	8	...
Body	8	...	9	...
Scabies	8	..	1	...
Impetigo	46	...	125	...
Other diseases (non-Tubercular) ...	22	8	20	3
Eye—				
Blepharitis	120	9	32	...
Conjunctivitis	18	3	8	...
Keratitis	...	...	1	...
Corneal Opacities	...	...	...	...
Defective Vision (excluding Squint) ...	650	608	36	14
Squint	39	17	3	1
Other Conditions	11	6	10	...
Ear—				
Defective Hearing	7	2	7	...
Otitis Media	2	...	26	...
Other Ear Diseases	70	9	24	1
Nose and Throat—				
Enlarged Tonsils only	338	366	18	8
Adenoids only	84	65	14	3
Enlarged Tonsils and Adenoids ...	39	39	10	1
Other Conditions	76	130	27	77
Enlarged Cervical Glands (Non-Tubercular)	41	63	19	5
Defective Speech	6	3	2	...
Teeth—Dental Diseases	404	8	11	...
(See Table IV., Group IV.)				
Heart and Circulation—				
Heart Disease:				
Organic	...	...	1	...
Functional	18	94	1	2
Anæmia	108	11	18	2

TABLE II.—Return of Defects (*continued*).

Defect or Disease.	Routine Inspections. No. of Defects.		Special Inspections. No. of Defects.	
(1)	(2)	(3)	(4)	(5)
Lungs—				
Bronchitis	15	3	4	...
Other non-Tubercular Diseases ...	49	43	10	...
Tuberculosis—				
Pulmonary:				
Definite	...	1	...	...
Suspected	47	5	14	...
Non-Pulmonary:				
Glands	11	3	2	...
Spine	1	...	...	...
Hip	...	...	...	...
Other Bones and Joints	1	...	...	...
Skin	1	...	...	...
Other Forms	6	...	2	1
Nervous System—				
Epilepsy	...	6	2	2
Chorea	...	1	...	...
Other Conditions	5	15	9	1
Deformities—				
Rickets	7	2	1	...
Spinal Curvature	9	...	1	...
Other Forms	40	14	4	1
Other Defects and Diseases	262	161	285	20

B.—Number of Individual Children found at Routine Medical Inspection to require Treatment (excluding Uncleanliness and Dental Diseases).

Group.	Number of Children.		Percentage of Children found to require Treatment.
	Inspected.	Found to require Treatment.	
(1)	(2)	(3)	(4)
CODE GROUPS:			
Entrants	4499	583	12.96
Intermediates	4185	808	19.31
Leavers	4538	805	17.74
TOTAL (Code Groups)	13222	2196	16.61
Other Routine Inspections	983	159	16.17

TABLE III.—RETURN OF ALL EXCEPTIONAL CHILDREN IN THE AREA IN 1924.

			Boys.	Girls.	Total.
Blind (including partially blind)	(i) Suitable for training in a School or Class for the totally blind.	Attending Certified Schools or Classes for the Blind ...	7	2	9
		Attending Public Elementary Schools	1	...	1
		At other Institutions ...	...	...	...
		At no School or Institution...	...	1	1
	(ii) Suitable for training in a School or Class for the partially blind.	Attending Certified Schools or Classes for the Blind ...	...	...	...
		Attending Public Elementary Schools	...	...	...
		At other Institutions ...	...	...	...
		At no School or Institution...	...	...	...
Deaf (including deaf and dumb and partially deaf)	(i) Suitable for training in a School or Class for the totally deaf or deaf & dumb.	Attending Certified Schools or Classes for the Deaf ...	11	17	28
		Attending Public Elementary Schools	1	1	2
		At other Institutions ...	...	...	...
		At no School or Institution...	...	2	2
	(ii) Suitable for training in a School or Class for the partially deaf.	Attending Certified Schools or Classes for the Deaf ...	5	1	6
		Attending Public Elementary Schools	...	...	...
		At other Institutions ...	...	...	...
		At no School or Institution...	...	...	..
Mentally Defective.	Feeble-minded (cases not notifiable to the Local Control Authority)	Attending Certified Schools for Mentally Defective Children	...	...	...
		Attending Public Elementary Schools	74	49	123
		At other Institutions ...	...	...	..
		At no School or Institution...	49	20	69*
	Notified to the Local Control Authority during the year.	Feeble-minded	...	...	...
		Imbeciles	4	3	7
		Idiots	3	1	4
Epileptics.	Suffering from severe Epilepsy.	Attending Certified Special Schools for Epileptics ...	...	...	...
		In Institutions other than Certified Special Schools ...	...	...	...
		Attending Public Elementary Schools	4	...	4
		At no School or Institution...	4	...	4
	Suffering from Epilepsy which is not severe.	Attending Public Elementary Schools	14	3	17
		At no School or Institution...	3	...	3

TABLE III.—NUMERICAL RETURN OF ALL EXCEPTIONAL CHILDREN (*continued*).

			Boys.	Girls.	Total.
Physically Defective.	Infectious pulmonary and glandular tuberculosis.	At Sanatoria or Sanatorium Schools approved by the Ministry of Health or the Board	...	...	...
		At other Institutions ...	...	...	...
		At no School or Institution...	...	..	...
	Non-infectious but active pulmonary and glandular tuberculosis.	At Sanatoria or Sanatorium Schools approved by the Ministry of Health or the Board	15	16	31
		At Certified Residential Open-Air Schools	...	...	..
		At Certified Day Open-air Schools	...	...	...
		At Public Elementary Schools	...	...	...
		At other Institutions ...	...	..	..
		At no School or Institution...	19	17	36
	Delicate children (*e.g.* pre or latent tuberculosis, malnutrition, debility, anaemia, etc.)	At Certified Residential Open-air Schools (Sanatorium School)	9	6	15
		At Certified Day Open-air Schools	...	..	...
		At Public Elementary Schools	49	36	85
		At other Institutions ...	...	...	...
		At no School or Institution...	36	38	74
	Active non-pulmonary tuberculosis.	At Sanatoria or Hospital Schools approved by the Ministry of Health or the Board	1	3	4
		At Public Elementary Schools	...	...	...
		At other Institutions ...	...	..	...
		At no School or Institution...	6	3	9
	Crippled children (other than those with active tuberculous disease), *e.g.*, children suffering from paralysis, etc., and including those with severe heart disease.	At Certified Hospital Schools	...	...	...
		At Certified Residential Cripple Schools	...	...	...
		At Certified Day Cripple Schools	...	...	...
		At other Institutions ...	...	..	...
		At Public Elementary Schools	62	66	128
		At no School or Institution...	23	13	36

*Includes 50 children between 14 and 16 years of age.

TABLE IV.—RETURN OF DEFECTS TREATED DURING THE YEAR ENDED 31st DECEMBER, 1924.

Group I.—Minor Ailments (excluding Uncleanliness, for which see Group V.)

Disease or Defect.	Number of Defects treated, or under treatment during the year.		
	Under the Authority's Scheme*.	Otherwise.	Total.
(1)	(2)	(3)	(4)
Skin—			
Ringworm—Scalp	287	—	287
Ringworm—Body	49	—	49
Scabies	18	—	18
Impetigo	561	—	561
Other Skin Disease	174	—	174
Minor Eye Defects ... ... (External and other, but excluding cases falling in Group II.)	271	—	271
Minor Ear Defects	158	—	158
Miscellaneous ... ... (*e.g.*, minor injuries, bruises, sores, chilblains, etc.)	1933	—	1933
TOTAL	3451	—	3451

*Includes children treated in School and at home by the School Nurses, the treatment being continued by the children's parents between the visits of the Nurse.

TABLE IV.—RETURN OF DEFECTS (*continued*).

Group II.—Defective Vision and Squint (excluding Minor Eye Defects treated as Minor Ailments—Group I.)

Defect or Disease. (1)	Number of Defects dealt with. Under the Authority's Scheme. (2)	Submitted to refraction by Private Practitioner or at Hospital, apart from the Authority's Scheme. (3)	Otherwise. (4)	Total. (5)
Errors of Refraction (including Squint). (Operations for squint should be recorded separately in the body of the Report)				
Outstanding prior to 1924 ...	302	—	20	322
1924	527	7	47	581
Total	829	7	67	903
Other Defect or Disease of the Eyes (excluding those recorded in Group I.) ...	—	—	—	—
TOTAL	829	7	67	903

Total number of children for whom spectacles were prescribed:—	
(*a*) Under the Authority's Scheme	701
(*b*) Otherwise	66
Total number of children who obtained or received spectacles:—	
(*a*) Under the Authority's Scheme	697
(*b*) Otherwise	62

Group III.—Treatment of Defects of Nose and Throat.

	Number of Defects.				
	Received Operative Treatment.				
	Under Local Education Authority's Scheme-Clinic or Hospital. (1)	By Private Practitioner or Hospital, apart from the Authority's Scheme. (2)	Total. (3)	Received other Forms of Treatment. (4)	Total Number Treated. (5)
Outstanding prior to 1924	55	97	152	—	152
1924	58	72	115	—	115
Total	113	169	267	—	267

TABLE IV.—RETURN OF DEFECTS (*continued*).

Group IV.—Dental Defects.

Period—January 1st to 31st December, 1924.

1. Number of Children who were

(*a*) Inspected by Dentists—

Routine Age Groups.

5	6	7	8	9	10	11	12	13	14	Specials	Total
72	1032	1967	2582	2469	2605	2879	2543	1353	869	31	18402

(*b*) Referred for Treatment	12631
(*c*) Actually Treated	6653
(*d*) Re-treated*	4549

*Included in (*c*).

2. Particulars of Time given and of Operations undertaken:—

1. Number of half-days devoted to Inspection ... 2. Number of half-days devoted to Treatment ...		*a*1788
3. Total number of attendances made by Children		9313
4. Fillings—Permanent Teeth	3242	
,, Temporary	1389	
Total ...	——	4631
5 Extractions—Permanent Teeth	623	
,, Temporary Teeth	9907	
Total ...	——	10530
6 Number of administrations of General Anæsthetics included in (4) and (6) ...		Nil.
7 Number of other Operations—Permanent Teeth		2872
,, ,, ,, Temporary Teeth		5538

*a*As Clinics are travelling ones, visiting in the main small Schools, it is not possible to separate time for inspections from time occupied by treatment.

Group V.—Uncleanliness and Verminous Conditions.

(i)	Average number of Visits per School made during the year by the School Nurses	7.6
(ii)	Total number of Examinations of Children in the Schools by School Nurses	159,212
(iii)	Number of individual children found unclean	5,961
(iv)	Number of children cleansed under arrangements made by the Local Education Authority	Nil.
(v)	Number of cases in which legal proceedings were taken:	
	(*a*) Under the Education Act, 1921	Nil.
	(*b*) Under School Attendance Bye-laws	23

SECONDARY SCHOOLS.

(Including Pupil Teacher Centres).

TABLE I.—RETURN OF MEDICAL INSPECTIONS, 1st JANUARY, 1924, TO 31st DECEMBER, 1924.

A.—Routine Medical Inspections.

Number of Code Group Inspections—		
Entrants	414	
Yearly examinations	625	
Leavers	22	
TOTAL	——	1061
Number of other Routine Inspections	26	

B.—Other Inspections.

Number of Special Inspections	8	
Number of Re-inspections	692	
	——	700
TOTAL		1787

SECONDARY SCHOOLS.

(Including Pupil Teacher Centres).

TABLE II.

A.—Return of Defects found by Medical Inspection in the Year ended 31st December, 1924.

Defect or Disease.	Routine Inspections. No. of Defects.		Special Inspections. No. of Defects.	
	Requiring Treatment.	Requiring to be kept under observation but not requiring Treatment.	Requiring Treatment.	Requiring to be kept under observation but not requiring Treatment.
(1)	(2)	(3)	(4)	(5)
Malnutrition	10	2	...	...
Uncleanliness	...	1	...	...
Skin—				
Impetigo	1	...	1	...
Eye :—				
Blepharitis	3	..	...	...
Defective Vision (excluding Squint) ...	40	24	3	1
Other Conditions	...	..	1	...
Ear—				
Defective Hearing	2	...	...	...
Other Conditions	6	2	...	...
Nose and Throat—				
Enlarged Tonsils only	19	11	...	...
Adenoids only	1	3	...	...
Enlarged Tonsils and Adenoids ...	1	...	...	...
Other Conditions	9	4	2	...
Enlarged Cervical Glands (Non-Tubercular)	2	...	..	...
Teeth—Dental Diseases	126	182	1	...
Heart and Circulation—				
Heart Disease:				
Functional	2	5	...	...
Anaemia	17	...	...	...
Lungs—				
Other Non-Tubercular Diseases ...	2	...	...	...

TABLE II.—Return of Defects (*continued*).

Defect or Disease. (1)	Routine Inspections. No. of Defects. Requiring Treatment. (2)	Routine Inspections. No. of Defects. Requiring to be kept under observation but not requiring Treatment. (3)	Special Inspections. No. of Defects. Requiring Treatment. (4)	Special Inspections. No. of Defects. Requiring to be kept under observation but not requiring Treatment. (5)
Tuberculosis—				
Non-Pulmonary:				
Other Bones and Joints	1	...	...	...
Nervous System—				
Chorea	1	...	...	...
Deformities—				
Spinal Curvature	3	...	...	...
Other Forms	11	2	...	...
Other Defects and Diseases	27	20	...	...

B.—Number of Individual Children found at Routine Medical Inspection to Require Treatment (excluding Uncleanliness and Dental Diseases).

Group. (1)	Number of Children. Inspected. (2)	Number of Children. Found to require Treatment. (3)	Percentage of Children found to require Treatment. (4)
CODE GROUPS:			
Entrants	414	78	18.84
Intermediates	625 (Yearly ex	68 aminations)	10.88
Leavers	22	5	22.73
TOTAL (Code Groups)	1061	151	14.23
Other Routine Inspections	26	5	19.23

SECONDARY SCHOOLS.

(Including Pupil Teacher Centres).

TABLE IV.—RETURN OF DEFECTS TREATED DURING THE YEAR ENDED 31st DECEMBER, 1924.

Group I.—Minor Ailments (excluding Uncleanliness, for which see Group V.)

Disease or Defect. (1)	Number of Defects treated, or under treatment during the year.		
	Under the Authority's Scheme. (2)	Otherwise. (3)	Total. (4)
Minor Eye Defects ... ... (External and other, but excluding cases falling in Group II.)	—	1	1
Minor Ear Defects	—	1	1
TOTAL	—	2	2

TABLE IV.—RETURN OF DEFECTS (*continued*).

Group II.—Defective Vision and Squint (excluding Minor Eye Defects treated as Minor Ailments—Group I.)

Defect or Disease. (1)	Number of Defects dealt with. Under the Authority's Scheme. (2)	Submitted to refraction by Private Practitioner or at Hospital apart, from the Authority's Scheme. (3)	Otherwise. (4)	Total. (5)
Errors of Refraction (including Squint). (Operations for squint should be recorded separately in the body of the Report)	—	9		9
Other Defect or Disease of the Eyes (excluding those recorded in Group I.) ...	—	—		—
TOTAL	—	9		9

Total number of children for whom spectacles were prescribed :—		
(*a*)	Under the Authority's Scheme	Nil.
(*b*)	Otherwise	9
Total number of children who obtained or received spectacles :—		
(*a*)	Under the Authority's Scheme	Nil.
(*b*)	Otherwise	9

Group III.—Treatment of Defects of Nose and Throat.

Number of Defects. Received Operative Treatment. Under Local Education Authority's Scheme-Clinic of Hospital. (1)	By Private Practitioner or Hospital, apart from the Authority's Scheme. (2)	Total. (3)	Received other Forms of Treatment. (4)	Total Number Treated. (5)
—	1	1	—	1

TABLE IV.—RETURN OF DEFECTS (*continued*).

Group IV.—Dental Defects.

1. Number of Children who were

(*a*) Inspected by Dentists—

Routine Age Groups.							
9	10	11	12	13	14 and over	Specials	Total.
1	16	37	43	15	58		170

(*b*) Found to require Treatment		103
(*c*) Actually Treated		64
(*d*) Re-treated during the year as the result of periodical examination		Nil.

2. Particulars of Time given and of Operations undertaken:—

1. Number of half-days devoted to Inspection ... 2. Number of half-days devoted to Treatment ...		23
3. Total number of attendances made by Children		115
4. Fillings—Permanent Teeth	75	
,, Temporary	3	
Total ...	——	78
5 Extractions—Permanent Teeth	21	
,, Temporary Teeth	56	
Total ...	——	77
6 Number of administrations of General Anæsthetics for extractions		Nil.
7 Number of other Operations—Permanent Teeth	16	
,, ,, ,, Temporary Teeth	29	
Total ...	——	45